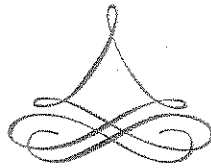


Section II



Interagency Agreement

for

Washington State

Infant Toddler Early Intervention Program

INTERAGENCY AGREEMENT

Between
Department of Social and Health Services
Department of Early Learning
Department of Health
Department of Services for the Blind
Office of Superintendent of Public Instruction

For
Early Intervention Services for Infants and Toddlers
With Disabilities from Birth to Three and Their Families

A. DURATION:

The period of performance of this agreement shall be for five years from the date of signing by each party though this agreement may be amended as needed, including an amendment to extend the period of performance. Amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

B. PURPOSE AND INTENT

The Individuals with Disabilities Education Act (IDEA) Part C, addresses the urgent and substantial need to:

- Enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first three years of life;
- Reduce the educational costs to our society, including our nation's schools, by minimizing the need for special education and related services after infants and toddlers reach school age;
- Maximize the potential for individuals with disabilities to live independently in society;
- Enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and
- Enhance the capacity of the state, to identify, evaluate, and meet the needs of all children, particularly minority, low income, inner city, and rural children, and infants and toddlers in foster care through local agencies, and service providers

The Department of Social and Health Services is the Governor appointed state lead agency for implementing the early intervention section (Part C) of the Individuals with Disabilities Education Act (IDEA) as defined by Washington State's federally approved plan for the Infant Toddler Early Intervention Program (ITEIP). This early intervention program (Part C) is administered by the Division of Developmental Disabilities (DDD), Infant Toddler Early Intervention Program (ITEIP).

The Washington State Department of Social and Health Services (DSHS), Department of Early Learning (DEL), Department of Health (DOH), Department of Services for the Blind (DSB), and the Office of Superintendent of Public Instruction (OSPI), hereafter referred to as the agencies, confirm the intent to work proactively as partners to coordinate and implement a comprehensive

statewide system of early intervention services for eligible infants and toddlers, with disabilities, birth to three years, and their families.

The responsibilities of the state lead agency, DSHS, include:

Administering, supervising and monitoring the statewide policies, procedures, programs, activities and local agencies and resources

The purpose and intent of this agreement is to assure cooperation in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and their families. No single state agency has all the necessary resources to implement a comprehensive early intervention services system. This agreement enhances other interagency and interdepartmental agreements and policy statements with state agencies involved in delivering services to infants and toddlers with disabilities and their families.

The agreement promotes cross-agency collaboration and support in the funding of early intervention services to assure non-duplication and non-supplanting of all available resources within the state from federal, state, local, and private sources. Part C funds are enhancement dollars and may not be used to satisfy a financial commitment for services that would otherwise be paid for from another public or private source.

C. PRINCIPLES

The following principles are reflected within the early intervention services system throughout Washington State:

Family-centered supports and services that:

- Recognize the changing nature of families and the developmental needs of children;
- Listen to what individuals and families say they need, and assist families to meet their needs in a way that maintains dignity and respects their choices; and
- Emphasize strengths and individual needs of infants and toddlers with disabilities and include natural settings and supports.

Culturally relevant supports and services that:

- Respect the culture and beliefs of each family and use them as resources on behalf of the family; and
- Provide diverse communities with equal access to planning and programs.

Coordinated services that:

- Encourage coordination and innovation by providing both formal and informal ways for people to collaborate in planning, problem solving, and service delivery; and
- Allow families, providers, community people, and other agencies to creatively provide the most effective, responsive, and flexible services.

Locally planned supports and services that:

- Respect the special characteristics, needs and strengths of each community; and
- Include a cross-section of local community partners from the public, private, and tribal sectors in the planning and delivery of services and supports.

Community-based prevention that:

- Creates positive conditions in communities, promotes the well-being of families, and reduces the need for future services.

Outcome-based supports and services that:

- Use indicators that reflect goals established by families and communities; and
- Work toward these goals and outcomes in each agency.

Customer service that: Is provided by courteous, sensitive, and competent individuals.

Creativity that:

- Increases the flexibility of funding and programs to promote innovation in planning, development, and provision of quality services; and
- Eliminates barriers to coordination and quality services.

D. AUTHORITIES

The following federal and state statutes provide the agencies' authority and support to enter into this interagency agreement:

- The Individuals with Disabilities Education Act (IDEA), Parts C and B; Public Law 108-466, 34 CFR 300 and 303.
- RCW 71A.12.030 and 120: Department of Social and Health Services.
- RCW 74.14A.025 and 70.195.030: Public Health and Safety (Family Policy) and Early Intervention Services – Birth to Six
- RCW 74.18.190: Department of Services for the Blind, Child and Family Program.
- RCW 28A.155.065 and WAC 392-172-030, 172-114: Office of Superintendent of Public Instruction
- RCW 39.34 Department of Health
- RCW 43.215 Department of Early Learning

E. INTERAGENCY COORDINATION

Interagency coordination is essential at all levels of the early intervention service delivery system. The agencies agree to:

- Support family-centered service delivery based on the developmental needs of infants and toddlers with disabilities, which includes referrals to the Family Resources Coordinator (FRC), as the first point of contact, for children with known or suspected developmental delays and/or disabilities, birth to three, and their families.
- Support and promote collaborative planning and participation in state and local activities to ensure Individualized Family Service Plans (IFSPs) are developed and implemented as the global service plan.
- Continue to promote the integration of education, health, and social services.
- Coordinate legislative mandated activities and efforts.
- Coordinate and provide information on the importance of a medical home for providing comprehensive, coordinated, collaborative services with the family and other social, health and education resources.
- Identify, develop, and implement strategies to resolve unmet needs in early intervention services, including fiscal, personnel, and other resource needs.
- Coordinate data collection efforts required by IDEA and other federal and state requirements.
- Coordinate and support efforts in meeting the standards as set forth in the early intervention section of IDEA and in the Washington State's Federally Approved Plan.
- Coordinate the marketing and the provision of training and personnel development across agencies and programs.
- Encourage and support the distribution of public awareness information and materials regarding the Infant Toddler Early Intervention Program.
- Coordinate early intervention services to avoid duplication and assure maintenance of effort.
- Support the efforts of County Interagency Coordinating Councils (CICCs) and encourage local service providers to participate on CICCs.
- Participate on the State Interagency Coordinating Council (SICC).
- Encourage local interagency agreements to support the coordination of early intervention services.
- Provide training and technical assistance to local public or private agencies and staff as needed.

- Continue to encourage school districts to serve infants and toddlers, birth to three, through August 31, 2009.
- Assure school district implementation of early intervention services in RCW 28A.155.065, beginning September 1, 2009.
- Assure a coordinated statewide comprehensive Child Find system for the purpose of locating, evaluating, and identifying infants and toddlers, birth to three, with a suspected disability and/or developmental delay.
- Encourage and support smooth transitions for infants and toddlers, transitioning out of ITEIP into Part B preschool and/or other appropriate services, as needed.
- Coordinate with DSHS in implementing federal and state Part C/ITEIP reporting requirements.

F. WASHINGTON STATE EARLY INTERVENTION SERVICES

No single agency is solely responsible for the early intervention services provided or funded in Washington State. The services listed on this chart and on the following page define which agencies provide each required service, as defined by the early intervention section of IDEA. Each Agency's role is defined as either provider/payer of the service, coordination of the service, or not a service provider within current eligibility.

SPECIFIC DUTIES/RESPONSIBILITIES	DEL ECEAP, CHILD CARE, EARLY READING	DOH: DCFH/ CSHCN WIC	DSHS DASA	DSHS CA	DSHS ITEIP	DSHS DDD	DSHS INDIAN POLICY & SVCS	DSHS HRSA FIRST STEPS	DSHS MHD	DSHS ODH	TRIBAL GOVT	DSB	OSPI: LEAs 7
Primary Referral Sources	*	*	*	*		*	*	*	*	*	*	*	*
Early Identification & Screening/Child Find	*	P*	*	P*	P*	P	*	P*	P*	*	P*	*	P*
Multidisciplinary Evaluation and Assessment	*	P*	N	P*	P*	P	*	P*	*	*	P*	*	P*
Case Management	*	P*	*	*	P*	P	*	P*	P*	*	*	P*	N
Medical Services (5) (8)	N	P*	*	N	P*	*	*	P*	*	*	P*	*	*
Health Services (6) (8)	N	P*	*	N	P*	*	*	P*	*	*	P*	*	P*
Early Intervention Services (1) (8)	N	P*	P*	*	P*	P	*	P*	N	N	P*	*	P*
Family Resources Coordination, including Transition (8)	*	*	*	*	P*	*	*	*	*	*	*	*	*
Transportation (8)	N	*	N	*	P*	P	*	P*	N	*	*	N	P
Family Training & Counseling (2) (8)	N	P*	P*	P*	P*	P	*	*	P*	*	P*	*	P
Consultation to Agencies (3)	*	P*	P*	*	P*	P	P*	*	P*	P*	P*	P*	P*

P = Provider or payer of service within current eligibility resource capacity

* = Participates in the coordination of the service

N = Not a service provider within current eligibility resource capacity

- 1) Other Early Intervention Services includes assistive technology, audiology, nursing, nutrition, occupational therapy, physical therapy, orientation and mobility, psychological, social work, special instruction, speech/language therapy, and vision. Agencies may provide or pay for some or all of the above specialized services within current eligibility.
- 2) Family Training and Counseling means services provided by social workers, psychologists, and other qualified personnel to assist families in understanding their child's needs and enhancing their child's development.
- 3) Consultation to Agencies means training and technical assistance to public or private agencies and staff. It focuses on enhancing the capacity of personnel and programs to serve infants and toddlers with disabilities.
- 4) DSHS, DDD is the IDEA early intervention programmatic home. The Infant Toddler Early Intervention Program (ITEIP) is payer of last resort for services listed above.
- 5) Medical services only for diagnostic or evaluation purposes, provided by a licensed physician, to determine a child's developmental status and need for early intervention services.
- 6) Health means services necessary to enable a child to benefit from the other early intervention services, under the early intervention section of IDEA, during the time the child is receiving the other early intervention services.
- 7) OSPI exercises general supervisory authority over Local Education Agencies (LEAs), as it applies to IDEA, Part B. Schools that fund/provide early intervention services do so in accordance with IDEA, Part C, administered and supervised through DSHS/ITEIP state policies and procedures. Participation in the provision of early intervention services is voluntary on the part of the Local Education Agency (LEA) until August 31, 2009.
- 8) These services are delivered as agreed upon by the Individualized Family Service Plan (IFSP) team and identified on the IFSP.

DEL The Department of Early Learning
 ECEAP Early Childhood Education and Assistance Program
 DCEAP Division of Child Care and Early Learning (Early Reading Initiative)
 DOH Department of Health
 CSHCN Children with Special Health Care Needs
 DCFH Division of Community and Family Health
 WIC Woman Infant Children
 DSB Department of Services for the Blind

DSHS Department of Social and Health Services
 CA Children's Administration
 DASA Division of Alcohol and Substance Abuse
 DDD Division of Developmental Disabilities
 HRSA Health and Recovery Services, including Medicaid & First Steps
 ITEIP Infant Toddler Early Intervention Program
 MHD Mental Health Division
 ODH Office of Deaf and Hard of Hearing
 OSPI Office of Superintendent of Public Instruction


See Washington State's Federally Approved Plan, Section III, pages 3-10 for full definitions of specific services.

G. AGENCY DISPUTE RESOLUTION


1. Each agency shall resolve internal disputes, applying to payments or other relative matters, in a timely manner, based on their respective procedures.
2. In the event that interagency disputes arise related to this agreement, or disputes arise about payments or other matters related to the state's early intervention program, the agencies may elect mediation to resolve the dispute or refer the dispute to the Dispute Board. In the event that mediation cannot resolve the dispute, it must be referred to the Dispute Board for timely resolution.
3. The Dispute Board will be appointed and convened as disputes arise. The following members will comprise the Dispute Board:
 - DSHS shall appoint a member to the Dispute Board;
 - DEL shall appoint a member to the Dispute Board;
 - DOH shall appoint a member to the Dispute Board;
 - DSB shall appoint a member to the Dispute Board;
 - OSPI shall appoint a member to the Dispute Board; and
 - The Chair of the State Interagency Coordinating Council is a member of the Dispute Board and will serve as the Board's Chair.
4. While disputes are pending involving payment for or provision of required services, DSHS shall:
 - Assign financial responsibility to an Agency to the extent of the Agency's responsibility to pay for services in accordance with the payor of last resort provision; or
 - Pay for the service in accordance with the payor of last resort provisions.
5. If in resolving a dispute it is determined that the assignment of fiscal responsibility was inappropriate, DSHS shall reassign responsibility to the appropriate agency.
6. Based on the outcome of the dispute resolution, DSHS shall make arrangements for reimbursement of costs incurred by the agency originally assigned the fiscal responsibility, if appropriate.
7. The decision of the Dispute Board shall be final.
8. To the extent necessary to ensure compliance with the Dispute Board's decision, if any agency involved in the dispute is not satisfied with the Dispute Board's decision, the agency may request the decision be referred to the Governor.
9. DSHS assures that services are provided to eligible infants and toddlers and their families in a timely manner, pending resolution of dispute(s).

7. The decision of the Dispute Board shall be final.
8. To the extent necessary to ensure compliance with the Dispute Board's decision, if any agency involved in the dispute is not satisfied with the Dispute Board's decision, the agency may request the decision be referred to the Governor.
9. DSHS assures that services are provided to eligible infants and toddlers and their families in a timely manner, pending resolution of dispute(s).

IN WITNESS WHEREOF, the signed parties have executed this agreement.


ROBIN ARNOLD-WILLIAMS
Department of Social and Health Services

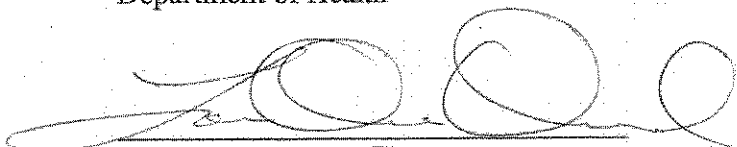
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JONE BOSWORTH
Department of Early Learning

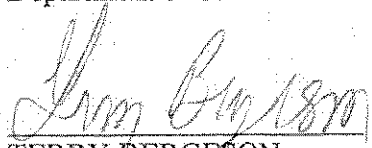
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DATE


MARY SELECKY
Department of Health

4-27-07
DATE


LOU OMA DURAND
Department of Services for the Blind

5/15/07
DATE


TERRY BERGESON
Office of Superintendent of Public Instruction.

5-9-07
DATE